PART B - FEE(S) TRANSMITTAL

Complete and send this fo

together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

| INSTRUCTIONS: This fo appropriate, All further co- indicated unless corrected maintenance fee notification | rrespondence including the l below or directed otherwise | smitting the ISSUI Patent, advance ord in Block 1, by (a) | E FEE and Plers and notifications and specifying a | UBLICATION F cation of mainte new corresponde | EE (if requinance fees wence address; | ired). Blocks I through vill be mailed to the cu and/or (b) indicating a | n 5 should be completed where urrent correspondence address as a separate "FEE ADDRESS" for | |
|--|---|---|---|---|--|--|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 34036 73 | 590 11/18/2004 | | | have its o | wn certificate | of mailing or transmiss | sion. | |
| SILICON VALLEY PATENT GROUP LLP 2350 MISSION COLLEGE BOULEVARD SUITE 360 SANTA CLARA, CA 95054 | | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. | | | |
| 2/16/2005 SSITHIB2 OC | | De | avid | E. Sten | ber (Depositor's name) | | | |
| 1 FC:1501 | | · Z | 7 aved 2/9/ | E Stuck | (Signature) (Date) | | | |
| APPLICATION NO. | FILING DATE | FIRST NAMED | | INVENTOR | | ATTORNEY DOCKET | NO. CONFIRMATION NO. | |
| 10/092,201 | 03/04/2002 | Paul E. Bruner | | nemeier | ··· | M-12347 US | 8606 | |
| TITLE OF INVENTION: II | NHOMOGENEOUS MATE | RIALS HAVING P | HYSICAL PR | OPERTIES DEC | COUPLED F | ROM DESIRED FUNC | TIONS | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FE | ISSUE FEE | | ON FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | 1270 گئے | \$1270 \$ 140 | | | -81370 \$ 1400 | 02/18/2005 | |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | |] | · | |
| ROBERTSO | ON, JEFFREY | . 1712 | | 257-5080 | 000 | | | |
| 1. Change of correspondence CFR 1.363). Change of corresponded Change of Change of Corresponded Change of Chan | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | |
| 3. ASSIGNEE NAME ANI | D RESIDENCE DATA TO E | EE PRINTED ON T | HE PATENT | (print or type) | | | | |
| PLEASE NOTE: Unless recordation as set forth i | s an assignee is identified by n 37 CFR 3.11. Completion | elow, no assignee of this form is NOT | data will appe a substitute f | ar on the patent. or filing an assign | If an assigr nment. | nee is identified below, | the document has been filed for | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| Novellus | Systems, | Inc. | San | Jose, | Cal | Fornia | | |
| Please check the appropriat | e assignee category or category | ories (will not be pri | nted on the pa | tent): 🗖 Indi | vidual 🖼 C | orporation or other priva | ate group entity Government | |
| 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): | | | | | | | | |
| Issue Fee | A check in the amount of the fee(s) is enclosed. | | | | | | | |
| Publication Fee (No small entity discount permitted) Advance Order - # of Copies | | | Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required lee(s), or credit any overpayment, to Deposit Account Number | | | | | |
| | s (from status indicated above | e) | _ | | | LL ENTITY status. See | | |
| | | | | | | | application identified above. t; or the assignee or other party in | |
| (| | - 1. | | | | / / | | |

Authorized Signature

Typed or printed name

Date

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.